### United States Bankruptcy Court Eastern District of Missouri

| In re | Rufus L. Crawford |        | Case No. | 14-45853 |
|-------|-------------------|--------|----------|----------|
|       |                   | Debtor | -,       |          |
|       |                   |        | Chapter  | 13       |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 70.00             |             |          |
| B - Personal Property   | Yes                  | 4                | 19,335.00         |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 2                |                   | 141,880.50  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 4                |                   | 39,553.13   |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 2                |                   | 33,792.36   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 8,237.32 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 4,809.58 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 20               |                   |             |          |
|   | To                   | otal Assets      | 19,405.00         |             |          |
|   |                      |                  | Total Liabilities | 215,225.99  |          |

## **United States Bankruptcy Court Eastern District of Missouri**

| In re | Rufus L. Crawford | Case No. | 14-45853 |
|-------|-------------------|----------|----------|
| _     | Debtor            | .,       |          |
|       |                   | Chapter  | 13       |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount    |
|---|-----------|
| Domestic Support Obligations (from Schedule E)  | 6,500.00  |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 33,053.13 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00      |
| Student Loan Obligations (from Schedule F)  | 0.00      |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00      |
| TOTAL   | 39,553.13 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 8,237.32 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 4,809.58 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 8,237.32 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |           | 134,740.50 |
|--|-----------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 21,653.72 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |           | 17,899.41  |
| 4. Total from Schedule F   |           | 33,792.36  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |           | 186,432.27 |

63034

| In re | Rufus L. Crawford |        | Case No | 14-45853 |  |
|-------|-------------------|--------|---------|----------|--|
| _     |                   | Debtor | ,       |          |  |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Residence: Single Family Home<br>Location: 16479 Hampden Place, Florissant MO | Joint tenant                               | J   | 70.00  | 129,380.50                 |
|---|--|---|--|----------------------------|
| Description and Location of Property  | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Sub-Total > **70.00** (Total of this page)

Total > **70.00** 

(Report also on Summary of Schedules)

| In re | Rufus L. Crawford | Case No <b>14-45853</b> |
|-------|-------------------|-------------------------|
|       |                   | <del>,</del>            |

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | , ,  |                  | , , , , , , , , , , , , , , , , , , ,   |   | ` '   |
|----|--|------------------|---|---|---|
|    | Type of Property   | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 1. | Cash on hand   | X                |   |   |   |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or   |                  | hecking Account: St. Louis Community Credit nion                                    | -   | 10.00   |
|    | shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. | В                | usiness Checking Account: Commerce Bank   | -   | 5,000.00  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.   | X                |   |   |   |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.   | Le               | ousehold Goods & Furnishings<br>ocation: 16479 Hampden Place, Florissant MO<br>3034 | -   | 2,000.00  |
| 5. | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.                  | X                |   |   |   |
| 6. | Wearing apparel.   | Le               | lothing & Shoes<br>ocation: 16479 Hampden Place, Florissant MO<br>3034              | -   | 400.00  |
| 7. | Furs and jewelry.  | L                | latch<br>ocation: 16479 Hampden Place, Florissant MO<br>3034                        | -   | 50.00   |
| 8. | Firearms and sports, photographic, and other hobby equipment.  | Le               | 2 Caliber Rife<br>ocation: 16479 Hampden Place, Florissant MO<br>3034               | -   | 200.00  |
| 9. | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.                             | X                |   |   |   |
|    |  |                  |   | Sub-Tota                                    | al > <b>7,660.00</b>  |
|    |  |                  | (Tota   | al of this page)                            |   |

**3** continuation sheets attached to the Schedule of Personal Property

| In re | Rufus L. Crawford | Case No | 14-45853 |
|-------|-------------------|---------|----------|
|       |                   |         |          |

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 10. | Annuities. Itemize and name each issuer.  | X                |                                      |   |   |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |                                      |   |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |   |   |
| 16. | Accounts receivable.  | X                |                                      |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |                                      |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |                                      |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |   |   |
|     |   |                  |                                      |   |   |
|     |   |                  |                                      |   | 1 222   |
|     |   |                  | (To                                  | Sub-Tota tal of this page)                  | al > <b>0.00</b>  |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

| In re | Rufus L. Crawford | Case No | 14-45853 |  |
|-------|-------------------|---------|----------|--|
|       |                   |         |          |  |

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | Х                |   |   |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  |                  | Crawford Hauling Services, LLC : Assets include<br>Dump Truck & Tractor                                     | -   | 0.00  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | - 1              | 1994 Honda Accord 220,000 Miles Fair Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034     | -   | 300.00  |
|     |   | I                | 1979 Cadillac Seville 300,000 Miles Fair Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034 | -   | 500.00  |
|     |   |                  | 1998 Ford Expedition 150,000 Miles Good Conditior<br>Location: 16479 Hampden Place, Florissant MO<br>63034  | ı -   | 3,575.00  |
|     |   | - 1              | 1986 Ford L8000 Dump Truck<br>Location: 16479 Hampden Place, Florissant MO<br>63034                         | -   | 4,000.00  |
|     |   |                  | 1997 International 8100 Daycab Tractor<br>Location: 16479 Hampden Place, Florissant MO<br>63034             | -   | 3,000.00  |
|     |   | - 1              | 1994 Chevrolet S10 157,000 Miles Fair Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034    | -   | 300.00  |
| 26. | Boats, motors, and accessories.   | X                |   |   |   |
| 27. | Aircraft and accessories.   | X                |   |   |   |
|     |   |                  | (Total  | Sub-Tota of this page)                      | al > 11,675.00  |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

| In re  | Rufus L. Crawford | Case No.  | 14-45853 |
|--------|-------------------|-----------|----------|
| 111 10 | Ruido El Giamora  | Cuse 110. | 14 40000 |

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 28. Office equipment, furnishings, and supplies.                     | X                |                                      |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.   | X                |                                      |   |   |
| 30. Inventory.   | X                |                                      |   |   |
| 31. Animals.   | X                |                                      |   |   |
| 32. Crops - growing or harvested. Give particulars.                  | X                |                                      |   |   |
| 33. Farming equipment and implements.                                | X                |                                      |   |   |
| 34. Farm supplies, chemicals, and feed.                              | X                |                                      |   |   |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |   |   |

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 19,335.00 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

| In re  | Rufus L. Crawford | Case No. | 14-45853 |
|--------|-------------------|----------|----------|
| 111 10 | Marao II oramora  |          | 11 10000 |

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                         |
|---|---|
| (Check one box)   | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| □ 11 U.S.C. §522(b)(2)  | with respect to cases commenced on or after the date of adjustment.)                |
| 11 U.S.C. §522(b)(3)  |   |

| Description of Property   | Specify Law Providing<br>Each Exemption        | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|--|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, C<br>Checking Account: St. Louis Community Credit<br>Union  | Certificates of Deposit<br>RSMo § 513.430.1(3) | 10.00                            | 10.00   |
| Business Checking Account: Commerce Bank  | RSMo § 513.430.1(3)                            | 390.00                           | 5,000.00  |
| Household Goods and Furnishings<br>Household Goods & Furnishings<br>Location: 16479 Hampden Place, Florissant MO<br>63034                                       | RSMo § 513.430.1(1)                            | 2,000.00                         | 2,000.00  |
| Wearing Apparel<br>Clothing & Shoes<br>Location: 16479 Hampden Place, Florissant MO<br>63034  | RSMo § 513.430.1(1)                            | 400.00                           | 400.00  |
| Furs and Jewelry<br>Watch<br>Location: 16479 Hampden Place, Florissant MO<br>63034  | RSMo § 513.430.1(2)                            | 50.00                            | 50.00   |
| Firearms and Sports, Photographic and Other Hob<br>22 Caliber Rife<br>Location: 16479 Hampden Place, Florissant MO<br>63034                                     | oby Equipment<br>RSMo § 513.430.1(3)           | 200.00                           | 200.00  |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>1994 Honda Accord 220,000 Miles Fair<br>Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034 | RSMo § 513.430.1(5)                            | 300.00                           | 300.00  |
| 1979 Cadillac Seville 300,000 Miles Fair<br>Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034  | RSMo § 513.430.1(5)                            | 500.00                           | 500.00  |
| 1998 Ford Expedition 150,000 Miles Good<br>Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034   | RSMo § 513.430.1(5)                            | 575.00                           | 3,575.00  |
| 1994 Chevrolet S10 157,000 Miles Fair Condition<br>Location: 16479 Hampden Place, Florissant MO<br>63034  | RSMo § 513.430.1(5)                            | 300.00                           | 300.00  |

Total: 4,725.00 12,335.00

| In re | Rufus L. Crawford | Case No. 14-45853 |
|-------|-------------------|-------------------|
| _     |                   |                   |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| priority fisted on this  | schedule E III die box labeled  | Totals of the fast sheet  | or the completed schedule. In  | uividuai debibis witti piiiliaiii | iy consumer debis report uns |
|--------------------------|---------------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------------|
| total also on the Statis | tical Summary of Certain Liab   | silities and Related Data |                                |                                   |                              |
| total also on the stati  | dear building of certain Blue   | mines una Relatea Bata.   |                                |                                   |                              |
| _                        |                                 |                           |                                |                                   |                              |
| Check this box if        | debtor has no creditors holding | unsecured priority claims | s to report on this Schedule E |                                   |                              |

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

|  |  | <b>Domestic</b> | support | obligati | ons |
|--|--|-----------------|---------|----------|-----|
|--|--|-----------------|---------|----------|-----|

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ■ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

3 continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| In re | Rufus L. Crawford | Case No.     | 14-45853 |
|-------|-------------------|--------------|----------|
| _     |                   | <del>,</del> |          |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

#### **Domestic Support Obligations**

TYPE OF PRIORITY UNLLQULDATED CODEBTOR Husband, Wife, Joint, or Community CONTINGENT AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C J AND ACCOUNT NUMBER (See instructions.) 11/2010 Account No. **Property Settlement for House Sheila Crawford** 0.00 3954 Natural Bridge Road Saint Louis, MO 63107 6,500.00 6,500.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet 1 of 3 continuation sheets attached to

(Total of this page)

Schedule of Creditors Holding Unsecured Priority Claims

6,500.00

6,500.00

| In re | Rufus L. Crawford | Case | No | 14-45853 |  |
|-------|-------------------|------|----|----------|--|
|       |                   |      |    |          |  |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

|   |                 |              |  |           |                  |               | TYPE OF PRIORITY   | 7  |
|---|-----------------|--------------|--|-----------|------------------|---------------|--------------------|--|
| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R | Hu<br>H<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED  AND CONSIDERATION FOR CLAIM | CONTINGEN | UNLIQUIDA        | UTED          | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY<br>AMOUNT<br>ENTITLED TO<br>PRIORITY |
| Account No. 5819  |                 |              | 2010   | Τ̈́       | A<br>T<br>E<br>D |               |                    |  |
| Collector of Revenue<br>41 South Central<br>PO Box 16955<br>Saint Louis, MO 63105               |                 | -            | Personal Property Tax  |           |                  |               | 1,139.93           | 1,139.93   |
| Account No. 5819  | +               |              | 2011-2013  | +         |                  |               | 1,139.93           | 0.00   |
| Collector of Revenue<br>41 S. Central<br>Saint Louis, MO 63105                                  |                 | -            | Personal Property Tax  |           |                  |               |                    | 0.00   |
|   |                 |              |  |           |                  |               | 878.72             | 878.72   |
| Account No. 5819  Internal Revenue Service PO Box 7346 Philadelphia, PA 19101                   |                 | _            | 2010 Income Tax  |           |                  |               |                    | 14,759.48  |
| F940  | 4               |              | 2044 2042  | -         |                  |               | 14,759.48          | 0.00   |
| Account No. 5819  Internal Revenue Service PO Box 7346 Philadelphia, PA 19101                   |                 | _            | 2011-2012<br>Income Tax  |           |                  |               |                    | 0.00   |
| Account No. 5819  | +               |              | 2010   | +         |                  | $\vdash$      | 12,527.00          | 12,527.00  |
| MO Department of Revenue<br>Taxation Division<br>PO Box 385<br>Jefferson City, MO 65105         |                 | _            | Income Tax   |           |                  |               | 2,000.00           | 2,000.00   |
| Sheet 2 of 3 continuation sheets  | attache         | L<br>d te    | <u> </u>   | Subt      | ota              | <u> </u><br>1 | 2,000.00           | 17,899.41  |
| Schedule of Creditors Holding Unsecured   |                 |              |  | this      | pag              | ge)           | 31,305.13          | 13,405.72  |

| In re | Rufus L. Crawford | Case No <b>14-45853</b> |
|-------|-------------------|-------------------------|
| _     |                   |                         |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

|   |                 |                        |  |            |                       | ,   | TYPE OF PRIORITY       | <del>,</del>   |
|---|-----------------|------------------------|--|------------|-----------------------|-----|------------------------|--|
| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED  AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLL QULDAR           | ΙEΙ | AMOUNT<br>OF CLAIM     | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY  AMOUNT<br>ENTITLED TO<br>PRIORITY |
| Account No. 5819  |                 |                        | 2011-2012  | <b>⊺</b>   | D<br>A<br>T<br>E<br>D |     |                        |  |
| MO Department of Revenue<br>Taxation Division<br>PO Box 385<br>Jefferson City, MO 65105         |                 | -                      | Income Tax   |            |                       |     |                        | 0.00   |
| A NT -  | ╀               | -                      |  | ╀          |                       |     | 1,748.00               | 1,748.00   |
| Account No.   |                 |                        |  |            |                       |     |                        |  |
| Account No.   |                 |                        |  |            |                       |     |                        |  |
|   |                 |                        |  |            |                       |     |                        |  |
| Account No.   |                 |                        |  |            |                       |     |                        |  |
|   |                 |                        |  |            |                       |     |                        |  |
| Account No.   |                 |                        |  |            |                       |     |                        |  |
|   |                 |                        |  |            |                       |     |                        |  |
| Sheet 3 of 3 continuation sheets atta   |                 |                        |  | Subt       |                       | - 1 |                        | 0.00   |
| Schedule of Creditors Holding Unsecured Price   | rity            | Cl                     | aims (Total of t   |            |                       | ı   | 1,748.00               | 1,748.00   |
|   |                 |                        | (Report on Summary of So   |            | ota<br>lule           | - 1 | 39,553.13              | 17,899.41<br>21,653.72   |
|   |                 |                        | (Report on Summary of St   | LIICU      | uic                   | o)  | J <del>a</del> ,JJJ.13 | Z 1,000./Z   |

| In re | Rufus L. Crawford |        | Case No. | 14-45853 |
|-------|-------------------|--------|----------|----------|
|       |                   | Debtor |          |          |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | Hu:<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNL QU L DAT | ן<br>ן | U<br>T<br>F | AMOUNT OF CLAIM |
|---|----------|-------------------------|---|-----------|--------------|--------|-------------|-----------------|
| Account No.   |          |                         | 2014  | Ť         | T<br>E<br>D  |        |             |                 |
| Calvary SPV I, LLC<br>500 Summit Lake Drive<br>Suite 400<br>Valhalla, NY 10595                                |          | _                       | Collection  |           | D            |        |             | 11,667.03       |
| Account No. 6497  |          | Г                       | 2011  | T         | $\vdash$     | t      | †           |                 |
| Consumer Collection Management<br>2333 Grissom Drive<br>Saint Louis, MO 63146                                 |          | -                       | Collection  |           |              |        |             | 4,449.00        |
| Account No. 9287  |          |                         | 2013  | T         | T            | t      | $\dagger$   |                 |
| Credit Collections Services<br>PO Box 773<br>Needham Heights, MA 02494  |          | _                       | Collection  |           |              |        |             | 101.00          |
| Account No. 9420  |          | $\vdash$                | 2013  | ╁         | ╁            | +      | +           |                 |
| Credit Protection PO Box 802068 Dallas, TX 75380-2068   |          | _                       | Collection  |           |              |        |             |                 |
|   |          |                         |   |           |              |        |             | 10.00           |
| _1 continuation sheets attached   |          |                         | (Total of t   | Subt      |              |        | )           | 16,227.03       |

| In re | Rufus L. Crawford |        | Case No. | 14-45853 |
|-------|-------------------|--------|----------|----------|
| -     |                   | Debtor |          |          |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS  | COD      |             | sband, Wife, Joint, or Community  | CON        | U<br>N<br>L | D<br>I<br>S      |                 |
|--|----------|-------------|---|------------|-------------|------------------|-----------------|
| INCLUDING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                           | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | TINGEN     | I QU I      | P<br>U<br>T<br>E | AMOUNT OF CLAIM |
| Account No. 1001   |          |             | 2013  | T          | T<br>E      |                  |                 |
| Fairville<br>4 Hillman<br>Chadds Ford, PA 19317  |          | -           | Line of Credit  |            | D           |                  | 10,643.00       |
| Account No. 1281   | ┢        | H           | 2007  | t          | H           | H                |                 |
| Fin Cr Netwk<br>1300 W Main Street<br>Visalia, CA 93291  |          | -           | Collection  |            |             |                  |                 |
|  |          |             |   |            |             |                  | 100.00          |
| Account No. 5819   |          |             | 2013  |            |             |                  |                 |
| LVNV Funding<br>c/o Resurgent Capital Services<br>PO Box 10587<br>Greenville, SC 29603                       |          | -           | Collection  |            |             |                  |                 |
| ,  |          |             |   |            |             |                  | 112.09          |
| Account No. NA   |          |             | Other Debt  |            |             |                  |                 |
| Sheila Crawford<br>8636 Santa Bella Drive<br>Hazelwood, MO 63042   |          | -           |   |            |             |                  |                 |
|  |          |             |   |            |             |                  | 6,500.00        |
| Account No. 5819  Southwestern Bell Telephone Company AT&T Services, Inc.                                    |          | -           | 2014<br>Cell Phone Bill   |            |             |                  |                 |
| One AT&T Way<br>Room 3A104   |          |             |   |            |             |                  |                 |
| Bedminster, NJ 07921   |          |             |   |            |             |                  | 210.24          |
| Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t   | Sub<br>his |             |                  | 17,565.33       |
| creates froming emocrated frompriority chains  |          |             | (Total of t   |            | Γota        |                  |                 |
|  |          |             | (Report on Summary of So  |            |             |                  | 33,792.36       |

| In re | Rufus L. Crawford |        | Case No | 14-45853 |   |
|-------|-------------------|--------|---------|----------|---|
| _     |                   |        |         |          | • |
|       |                   | Debtor |         |          |   |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. B6H (Official Form 6H) (12/07)

| In re | Rufus L. Crawford |         | Case No | 14-45853 |  |
|-------|-------------------|---------|---------|----------|--|
|       |                   | Dahtar, |         |          |  |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

|        |   |                   |  |   |            |       | _            |                    |             |                                   |            |
|--------|---|-------------------|--|---|------------|-------|--------------|--------------------|-------------|-----------------------------------|------------|
| Fill   | in this information t                         | o identify your c | ase:   |   |            |       |              |                    |             |                                   |            |
| Del    | btor 1  | Rufus L. Cra      | awford   |   |            | _     |              |                    |             |                                   |            |
|        | btor 2<br>buse, if filing)                    |                   |  |   |            | _     |              |                    |             |                                   |            |
| Uni    | ited States Bankrup                           | tcy Court for the | EASTERN DISTRICT                                   | OF MISSOURI   |            | _     |              |                    |             |                                   |            |
| Cas    | se number 14-                                 | 45853             |  | _   |            |       | Check        | if this is:        |             |                                   |            |
| (If kr | nown)   |                   |  |   |            |       |              | amende             | J           |                                   |            |
|        |   |                   |  |   |            |       |              |                    |             | g post-petition<br>ollowing date: |            |
| 0      | fficial Form                                  | B 6I              |  |   |            |       | MN           | // DD/ Y           | YYY         |                                   |            |
| S      | chedule I:                                    | Your Inc          | ome  |   |            |       |              |                    |             |                                   | 12/13      |
|        | <u> </u>                                      | e Employment      | On the top of any additi                           |   | our nam    | e and |              | ·                  |             |                                   | / question |
|        | information.                                  | -,                |  | Debtor 1  |            |       |              | Debtor 2           | or non-fi   | ling spouse                       |            |
|        | If you have more attach a separate            | page with         | Employment status                                  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |            |       |              | ☐ Emplo<br>☐ Not e | •           |                                   |            |
|        | information about employers.                  | additional        | Occupation   | Self Employed                                       |            |       |              |                    |             |                                   |            |
|        | Include part-time,<br>self-employed wo        |                   | Employer's name                                    |   |            |       |              |                    |             |                                   |            |
|        | Occupation may i<br>or homemaker, if          |                   | Employer's address                                 |   |            |       |              |                    |             |                                   |            |
|        |   |                   | How long employed t                                | here?   |            |       |              | _                  |             |                                   |            |
| Pai    | rt 2: Give De                                 | tails About Mor   | nthly Income                                       |   |            |       |              |                    |             |                                   |            |
|        | imate monthly incouse unless you are          |                   | ate you file this form. If                         | you have nothing to r                               | report for | · any | line, write  | \$0 in the         | space. In   | iclude your no                    | n-filing   |
|        | ou or your non-filing<br>e space, attach a se |                   | ore than one employer, control this form.          | ombine the informatio                               | on for all | emp   | loyers for t | hat pers           | on on the I | lines below. If                   | you need   |
|        |   |                   |  |   |            |       | For Debt     | or 1               |             | btor 2 or<br>ng spouse            |            |
| 2.     |   |                   | ry, and commissions (b<br>calculate what the month |   | 2.         | \$    |              | 0.00               | \$          | N/A                               |            |
| 3.     | Estimate and lis                              | t monthly overt   | ime pay.   |   | 3.         | +\$   |              | 0.00               | +\$         | N/A                               |            |
| 4.     | Calculate gross                               | Income. Add lin   | ne 2 + line 3.                                     |   | 4.         | \$    | -            | 0.00               | \$          | N/A                               |            |

| Deb | otor 1              | Rufus L. Crawford  | _                 | Case        | number (if known) | 14-458      | 353                        |                 |
|-----|---------------------|--|-------------------|-------------|-------------------|-------------|----------------------------|-----------------|
|     |                     |  |                   | For         | Debtor 1          |             | ebtor 2 or<br>iling spouse |                 |
|     | Cop                 | by line 4 here   | 4.                | \$          | 0.00              | \$          | N/A                        | -               |
| 5.  | List                | all payroll deductions:  |                   |             |                   |             |                            |                 |
|     | 5a.<br>5b.          | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans   | 5a.<br>5b.        | \$_<br>\$   | 0.00              | \$          | N/A<br>N/A                 | _               |
|     | 5c.                 | Voluntary contributions for retirement plans   | 5c.               | \$<br>_     | 0.00              | \$ <u> </u> | N/A                        | _               |
|     | 5d.                 | Required repayments of retirement fund loans   | 5d.               | \$_         | 0.00              | \$          | N/A                        | _               |
|     | 5e.                 | Insurance  | 5e.               | \$_         | 0.00              | \$          | N/A                        | _               |
|     | 5f.                 | Domestic support obligations   | 5f.               | \$          | 0.00              | \$          | N/A                        | _               |
|     | 5g.                 | Union dues   | 5g.               | \$          | 0.00              | \$          | N/A                        | _               |
|     | 5h.                 | Other deductions. Specify:   | 5h.+              | \$          |                   | + \$        | N/A                        | =               |
| 6.  | Add                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | \$          | 0.00              | \$          | N/A                        | _               |
| 7.  | Cal                 | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | \$          | 0.00              | \$          | N/A                        | =               |
| 8.  | List<br>8a.         | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 8a.               | \$          | 8,237.32          | \$          | N/A                        |                 |
|     | 8b.                 | Interest and dividends   | 8b.               | <u>\$</u> _ | 0.00              | \$          | N/A                        |                 |
|     | 8c.                 | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | <b>nt</b><br>8c.  | \$_         | 0.00              | \$          | N/A                        | -               |
|     | 8d.                 | Unemployment compensation  | 8d.               | \$          | 0.00              | \$          | N/A                        | _               |
|     | 8e.                 | Social Security  | 8e.               | \$          | 0.00              | \$          | N/A                        | _               |
|     | 8f.<br>8g.          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | ece<br>8f.<br>8g. | \$_<br>\$   | 0.00              | \$<br>\$    | N/A<br>N/A                 | _               |
|     | 8h.                 | Other monthly income. Specify:   | 8h.+              | · -         | 0.00              | · -         | N/A                        | =               |
| 9.  |                     | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$          | 8,237.32          | \$          | N/A                        | <u> </u>        |
| 10. |                     | culate monthly income. Add line 7 + line 9.  the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$            |             | 8,237.32 + \$     |             | N/A = \$                   | 8,237.32        |
|     |                     | 3 1  | 느                 |             |                   |             |                            |                 |
| 11. | Incli<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedu ude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are noticity:                                | ur depen          |             | •                 | •           | chedule J.<br>11. +\$      | 0.00            |
| 12. |                     | I the amount in the last column of line 10 to the amount in line 11. The rise that amount on the Summary of Schedules and Statistical Summary of Cerlies   |                   |             |                   |             | 12. \$                     | 8,237.32        |
| 13. | Do :                | you expect an increase or decrease within the year after you file this form  | m?                |             |                   |             | Combir<br>monthl           | ned<br>y income |
|     |                     | Yes Explain:   |                   |             |                   |             |                            |                 |

| Title      | 4                           |                                  |  |                      |   |             |                        |  |
|------------|-----------------------------|----------------------------------|--|----------------------|---|-------------|------------------------|--|
| Filli      | n this informat             | tion to identify                 | your case:   |                      |   |             |                        |  |
| Debt       | or 1                        | Rufus L. C                       | rawford  |                      |   | Check       | if this is:            |  |
|            |                             |                                  |  |                      |   | ☐ An        | amended filing         |  |
| Debt       |                             |                                  |  |                      |   | □ A:        | supplement showing     | post-petition chapter 13   |
| (Spo       | use, if filing)             |                                  |  |                      |   | ex          | penses as of the follo | owing date:  |
| Unit       | ed States Bank              | ruptcy Court fo                  | or the: EASTERN D                                      | ISTRICT OF MISSO     | OURI  | N           | MM / DD / YYYY         |  |
| Case       | number 14                   | 1-45853                          |  |                      |   |             | amanata filina fan D   | ahtan 2 haaaysa Dahtan 2   |
|            | nown)                       | 1-43033                          |  |                      |   |             | intains a separate h   | ebtor 2 because Debtor 2 ousehold  |
| (== ==     |                             |                                  |  |                      |   |             | mumo u sepurace n      | out of the control of |
|            |                             |                                  |  |                      |   |             |                        |  |
| Of         | ficial Fo                   | rm R 6I                          |  |                      |   |             |                        |  |
|            |                             |                                  | _<br>Expenses  |                      |   |             |                        | 12/1   |
|            |                             |                                  |  | ed neonle are filing | together, both are equa                                 | lly rosnons | ible for supplying (   |  |
|            |                             |                                  |  |                      | ) together, both are equal<br>On the top of any additio |             |                        |  |
|            |                             | r every questio                  |  |                      | ,   |             |                        |  |
| D (        | 1 D                         | 1. X7. XX.                       | .113   |                      |   |             |                        |  |
| Part<br>1. | Is this a joint             | be Your Hous                     | enoia  |                      |   |             |                        |  |
| 1.         | •                           |                                  |  |                      |   |             |                        |  |
|            | No. Go to                   |                                  |  |                      |   |             |                        |  |
|            |                             |                                  | in a separate househo                                  | ld?                  |   |             |                        |  |
|            | □N                          |                                  |  |                      |   |             |                        |  |
|            | □ Y                         | es. Debtor 2 mu                  | ist file a separate Sche                               | dule J.              |   |             |                        |  |
| 2.         | Do you have                 | dependents?                      | ■ No   |                      |   |             |                        |  |
|            | Do not list De<br>Debtor 2. | ebtor 1 and                      | Yes. Fill out this each dependent                      |                      | Dependent's relation<br>Debtor 1 or Debtor 2            |             | Dependent's age        | Does dependent live with you?  |
|            |                             | he dependents'                   | each dependent   | ····                 |   |             |                        | □ No   |
|            | names.                      | ne dependents                    |  |                      |   |             |                        | ☐ Yes  |
|            |                             |                                  |  |                      |   |             |                        | □ No   |
|            |                             |                                  |  |                      |   |             |                        | ☐ Yes  |
|            |                             |                                  |  |                      | •   |             |                        | □ No   |
|            |                             |                                  |  |                      |   |             |                        | ☐ Yes  |
|            |                             |                                  |  |                      |   |             |                        | □ No   |
|            |                             |                                  |  |                      |   |             |                        | ☐ Yes  |
| 3.         | Do your expe                |                                  | ■ No   |                      |   |             |                        |  |
|            |                             | people other th<br>your depender |  |                      |   |             |                        |  |
|            | yoursen und                 | your depender                    | 11.5   |                      |   |             |                        |  |
| Part       |                             |                                  | ing Monthly Expense                                    |                      |   |             |                        |  |
|            |                             |                                  |  |                      | using this form as a suppal Schedule J, check the       |             |                        |  |
|            | icable date.                | are arrer the ba                 | inkruptcy is incu. ir t                                | ms is a supplement   | an schedule 3, check the                                | box at the  | top of the form and    | i iii iii tiit   |
| ••         |                             |                                  |  |                      |   |             |                        |  |
|            |                             |                                  | on-cash government :<br>ed it on <i>Schedule I: Yo</i> |                      |   |             | Your expe              | enses  |
| Sucii      | assistance an               | u nave menue                     | a it on schedule 1. 10                                 | ur income (Officia   | i Form oi.)   |             |                        |  |
| 4.         | The rental or               | r home owners                    | hip expenses for your                                  | residence. Include   | first mortgage payments                                 | 4 0         |                        | 0.00   |
|            | and any rent f              | for the ground of                | or lot.  |                      |   | 4. \$       |                        | 0.00   |
|            | If not include              | ed in line 4:                    |  |                      |   |             |                        |  |
|            | 4a. Real es                 | state taxes                      |  |                      |   | 4a. \$      |                        | 0.00   |
|            |                             |                                  | s, or renter's insurance                               | e                    |   | 4b. \$      |                        | 0.00   |
|            |                             | •                                | epair, and upkeep expe                                 |                      |   | 4c. \$      |                        | 50.00  |
|            |                             |                                  | tion or condominium of                                 |                      |   | 4d. \$      |                        | 37.50  |
| 5.         | Additional m                | ortgage paym                     | ents for your residen                                  | ce, such as home equ | uity loans  | 5. \$       |                        | 0.00   |

| Debtor 1      | Rufus L. Crawford   | Case number (if known)                | 14-45853                                  |
|---------------|---|---------------------------------------|---|
|               |   |                                       |   |
|               | ities: Electricity, heat, natural gas   | 60 \$                                 | 245.00                                    |
| 6a.<br>6b.    | Water, sewer, garbage collection  | 6a. \$<br>6b. \$                      | 215.00                                    |
|               | Telephone, cell phone, Internet, satellite, and cable services                        | · · · · · · · · · · · · · · · · · · · | 15.00                                     |
| 6c.           |   | 6c. \$                                | 150.00                                    |
| 6d.           | Other. Specify:   | 6d. \$                                | 0.00                                      |
|               | d and housekeeping supplies   | 7. \$                                 | 300.00                                    |
|               | ldcare and children's education costs   | 8. \$                                 | 0.00                                      |
|               | thing, laundry, and dry cleaning  | 9. \$                                 | 50.00                                     |
|               | sonal care products and services  | 10. \$                                | 40.00                                     |
|               | dical and dental expenses   | 11. \$                                | 75.00                                     |
|               | nsportation. Include gas, maintenance, bus or train fare.                             | 12. \$                                | 300.00                                    |
|               | ertainment, clubs, recreation, newspapers, magazines, and books                       | 13. \$                                | 80.00                                     |
|               | uritable contributions and religious donations  | 14. \$                                | 20.00                                     |
|               | rance.  | -·· Ψ                                 | 20.00                                     |
|               | not include insurance deducted from your pay or included in lines 4 or 20.            |                                       |   |
| 15a.          | , 1,  | 15a. \$                               | 0.00                                      |
| 15b.          | . Health insurance  | 15b. \$                               | 0.00                                      |
| 15c.          | Vehicle insurance   | 15c. \$                               | 95.00                                     |
|               | . Other insurance. Specify:   | 15d. \$                               | 0.00                                      |
|               | es. Do not include taxes deducted from your pay or included in lines 4 or 20.         | <del></del>                           | <u> </u>                                  |
|               | cify: Personal Property Taxes   | 16. \$                                | 85.00                                     |
|               | cify: Income Taxes  | \$                                    | 3,297.08                                  |
|               | allment or lease payments:  |                                       | · · · · · · · · · · · · · · · · · · ·     |
| 17a.          | Car payments for Vehicle 1  | 17a. \$                               | 0.00                                      |
| 17b.          | . Car payments for Vehicle 2  | 17b. \$                               | 0.00                                      |
| 17c.          | Other. Specify:   | 17c. \$                               | 0.00                                      |
| 17d.          |   | 17d. \$                               | 0.00                                      |
|               | r payments of alimony, maintenance, and support that you did not report as deduct     | ted                                   | *   |
|               | n your pay on line 5, Schedule I, Your Income (Official Form 6I).                     | 18. \$                                | 0.00                                      |
|               | er payments you make to support others who do not live with you.                      | \$                                    | 0.00                                      |
|               | cify:   | 19.                                   |   |
|               | er real property expenses not included in lines 4 or 5 of this form or on Schedule I: |                                       |   |
| 20a.          |   | 20a. \$                               | 0.00                                      |
| 20b.          |   | 20b. \$                               | 0.00                                      |
| 20c.          | 1 3   | 20c. \$                               | 0.00                                      |
| 20d.          | , 1 , 1 1   | 20d. \$                               | 0.00                                      |
| 20e.          |   | 20e. \$                               | 0.00                                      |
| . Oth         | er: Specify:  | 21. +\$                               | 0.00                                      |
| 2. You        | r monthly expenses. Add lines 4 through 21.   | 22. \$                                | 4,809.58                                  |
|               | result is your monthly expenses.  |                                       |   |
|               | culate your monthly net income.   |                                       |   |
| 23a.          | Copy line 12 (your combined monthly income) from Schedule I.                          | 23a. \$                               | 8,237.32                                  |
| 23b.          | . Copy your monthly expenses from line 22 above.                                      | 23b\$                                 | 4,809.58                                  |
|               |   |                                       | ,   |
| 23c.          | Subtract your monthly expenses from your monthly income.                              | 22                                    | 2 407 74                                  |
|               | The result is your <i>monthly net income</i> .  | 23c. \$                               | 3,427.74                                  |
| For e<br>your |   |                                       | use because of a modification to the terr |
| Ц,            | Yes. Explain:   |                                       |   |

## **United States Bankruptcy Court** Eastern District of Missouri

| In re | Rufus L. Crawford  |           |  | Case No.   | 14-45853            |  |  |  |
|-------|--|-----------|--|------------|---------------------|--|--|--|
|       | Debtor(s)  |           |  | Chapter    | 13                  |  |  |  |
|       | DECLARATION CONCERNING DEBTOR'S SCHEDULES  |           |  |            |                     |  |  |  |
|       | DECLARATION UNDER P  | ENALTY (  | OF PERJURY BY INDIV                            | VIDUAL DEI | BTOR                |  |  |  |
|       | I declare under penalty of perjury the sheets, and that they are true and correct to the |           |  |            | es, consisting of22 |  |  |  |
| Date  | August 15, 2014  | Signature | /s/ Rufus L. Crawford Rufus L. Crawford Debtor |            |                     |  |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

### United States Bankruptcy Court Eastern District of Missouri

| In re | Rufus L. Crawford |           | Case No. | 14-45853 |
|-------|-------------------|-----------|----------|----------|
|       |                   | Debtor(s) | Chapter  | 13       |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$118,465.33 2014 YTD: Debtor Crawford Hauling Services, LLC \$33,161.95 2013: Debtor Crawford Hauling Services, LLC \$51,046.00 2012: Debtor Crawford Hauling Services, LLC

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

B7 (Official Form 7) (04/13)

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is

NAME AND ADDRESS OF CREDITOR

not filed.)

DATES OF **PAYMENTS** 

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> **AMOUNT** DATES OF PAID OR PAYMENTS/ VALUE OF **TRANSFERS** TRANSFERS

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

AMOUNT STILL

OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None 

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER 13SL-AC12311 - VLLGS AT BARRINGTON **DOWNS HA V RUFUS L CRAWFORD JR** (E-CASE)

NATURE OF PROCEEDING AC

COURT OR AGENCY AND LOCATION St. Louis County Contract/Accoun Circuit 21

STATUS OR DISPOSITION **Not Disposed** 

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY** 

 $<sup>^</sup>st$  Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

A & L, Licker Law Firm 1861 Sherman Dr St. Charles, MO 63303 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 7/2014 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$285.00

B7 (Official Form 7) (04/13)

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

docket number.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None П

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NAME (ITIN)/ COMPLETE EIN **Crawford Hauling** 

943463708

**ADDRESS PO Box 400** 

Florissant, MO 63032

NATURE OF BUSINESS

Hauling

**BEGINNING AND ENDING DATES** 

07/2009 - Present

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. None

Services, LLC

ADDRESS NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records None of the debtor. If any of the books of account and records are not available, explain.

NAME.

**Kevin Droesch** 

3882 Pershell Road Suite 206 Saint Louis, MO 63135

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

B7 (Official Form 7) (04/13)

NAME AND ADDRESS DATE ISSUED

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

#### NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Q

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 15, 2014
Signature /s/ Rufus L. Crawford
Rufus L. Crawford
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MISSOURI

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

B 201B (Form 201B) (12/09)

### **United States Bankruptcy Court Eastern District of Missouri**

| In re   | Rufus L. Crawford | Case No. | 14-45853 |  |  |  |  |
|---|-------------------|----------|----------|--|--|--|--|
|   | Debtor(s)         | Chapter  | 13       |  |  |  |  |
|   |                   |          |          |  |  |  |  |
| CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) |                   |          |          |  |  |  |  |
| UNDER § 342(b) OF THE BANKRUPTCY CODE         |                   |          |          |  |  |  |  |

**Certification of Debtor** I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Rufus L. Crawford                   | X | /s/ Rufus L. Crawford              | August 15, 2014 |
|-------------------------------------|---|------------------------------------|-----------------|
| Printed Name(s) of Debtor(s)        |   | Signature of Debtor                | Date            |
| Case No. (if known) <b>14-45853</b> | X |                                    |                 |
|                                     |   | Signature of Joint Debtor (if any) | Date            |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

| In re Rufus  | L. Crawford | According to the calculations required by this statement:          |
|--------------|-------------|--|
|              | Debtor(s)   | ☐ The applicable commitment period is 3 years.                     |
| Case Number: | 14-45853    | The applicable commitment period is 5 years.                       |
|              | (If known)  | ■ Disposable income is determined under § 1325(b)(3).              |
|              |             | $\square$ Disposable income is not determined under § 1325(b)(3).  |
|              |             | (Check the boxes as directed in Lines 17 and 23 of this statement) |

### CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|  | Par   | rt I. | REPORT OF INC                             | CO                                     | ME  |       |                |    |          |
|--|---|-------|---|--|---|-------|----------------|----|----------|
| Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. |   |       |   |  |   |       |                |    |          |
| 1  | a. Unmarried. Complete only Column A ("Del  | btor  | 's Income'') for Li                       | ines                                   | 2-10.                                       |       |                |    |          |
|  | b.  Married. Complete both Column A ("Debto   | r's l | Income") and Col                          | um                                     | n B ("Spouse's Incom                        | me'') | for Lines 2-10 |    |          |
|  | All figures must reflect average monthly income re  |       |   |  |   |       | Column A       | (  | Column B |
|  | calendar months prior to filing the bankruptcy case   |       |   |  |   |       | Debtor's       |    | Spouse's |
|  | the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a  |       |   | , yo                                   | u must divide the                           |       | Income         |    | Income   |
| 2  | Gross wages, salary, tips, bonuses, overtime, cor   |       | •   |  |   | \$    | 0.00           | ¢  |          |
|  | 9 , 1, 1  |       |   |  | 1.0 7: 1                                    | Ф     | 0.00           | Ф  |          |
| 3  | Income from the operation of a business, profess enter the difference in the appropriate column(s) of profession or farm, enter aggregate numbers and pronumber less than zero. Do not include any part of a deduction in Part IV.  | f Lin | e 3. If you operate le details on an atta | mo<br>ach                              | ore than one business, ment. Do not enter a |       |                |    |          |
|  |   |       | Debtor                                    |  | Spouse                                      |       |                |    |          |
|  | a. Gross receipts   | \$    | 16,485.40                                 |  |   |       |                |    |          |
|  | b. Ordinary and necessary business expenses   | \$    | 8,248.08                                  |  |   | d.    | 0 227 22       | d. |          |
|  | c.   Business income   Rents and other real property income. Subtract   |       | btract Line b from                        |  |   | \$    | 8,237.32       | Þ  |          |
| 4  | the appropriate column(s) of Line 4. Do not enter part of the operating expenses entered on Line b.  a. Gross receipts b. Ordinary and necessary operating expenses   | \$ \$ | Debtor  0.00 0.00                         | ************************************** | V. Spouse                                   |       |                |    |          |
|  | c. Rent and other real property income  | St    | btract Line b from                        | Li                                     | ne a  | \$    | 0.00           | \$ |          |
| 5  | Interest, dividends, and royalties.   |       |   |  |   | \$    | 0.00           | \$ |          |
| 6  | Pension and retirement income.  |       |   |  |   |       | 0.00           | \$ |          |
| 7  | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. |       |   |  |   | \$    | 0.00           | \$ |          |
| 8  | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.  However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A   |       |   |  |   |       |                |    |          |
|  | Unemployment compensation claimed to be a benefit under the Social Security Act Debto   | r \$  | <b>0.00</b> Sp                            | ous                                    | e \$  | \$    | 0.00           | \$ |          |

| 9  | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  |              |
|----|--|--------------|
|    | a.   Debtor   Spouse   |              |
|    | b. \$ \$ 0.0   | 00 \$        |
| 10 | <b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). <b>8,237.</b>   | 32 \$        |
| 11 | <b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.  | 8,237.32     |
|    | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD   |              |
| 12 | Enter the amount from Line 11  | \$ 8,237.32  |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    S |              |
|    | Total and enter on Line 13   | \$ 0.00      |
| 14 | Subtract Line 13 from Line 12 and enter the result.  | \$ 8,237.32  |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.  | \$ 98,847.84 |
| 16 | <b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |              |
|    | a. Enter debtor's state of residence: MO b. Enter debtor's household size: 1   | \$ 41,594.00 |
| 17 | <ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>□ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment p top of page 1 of this statement and continue with this statement.</li> <li>■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment at the top of page 1 of this statement and continue with this statement.</li> </ul>  | ·            |
|    | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME  | 1            |
| 18 | Enter the amount from Line 11.   | \$ 8,237.32  |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.   |              |
|    | b. \$  |              |
|    | c. \$ Total and enter on Line 19.  |              |
| 20 |  | \$ 0.00      |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.   | \$ 8,237.32  |

| 21  | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.  |  |  |                         |  |  | \$ | 98,847.84     |
|-----|--|--|--|-------------------------|--|--|----|---------------|
| 22  | Applicable median family income. Enter the amount from Line 16.  |  |  |                         |  |  | \$ | 41,594.00     |
| 23  | Application of § 1325(b)(3). Check the applicable box and proceed as directed.  ■ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determing 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  □ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part   |  |  |                         |  |  |    | nined under § |
|     | 102  |  |  |                         | DEDUCTIONS FR  |  |    | .,            |
|     |  |  |  |                         | ds of the Internal Reve  |  |    |               |
| 24A | Enter in<br>application  | al Standards: food, apparent Line 24A the "Total" and ble number of persons. (Tptcy court.) The applicable r federal income tax returns  | ount from IRS National<br>his information is availal<br>number of persons is the | Standable at<br>the nur | ards for Allowable Living<br>www.usdoj.gov/ust/ or fromber that would currently be | Expenses for the om the clerk of the e allowed as exemptions | \$ | 583.00        |
| 24B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. |  |  |                         |  |  |    |               |
|     | Person   | ns under 65 years of age   |  | Pers                    | ons 65 years of age or old   | 5 years of age or older                                      |    |               |
|     | a1.  | Allowance per person   | 60   | a2.                     | Allowance per person   | 144  |    |               |
|     | b1.  | Number of persons  | 1  | b2.                     | Number of persons  | 0  |    |               |
|     | c1.  | Subtotal   | 60.00  | c2.                     | Subtotal   | 0.00   | \$ | 60.00         |
| 25A | Utilitie<br>availab<br>the nur   | Standards: housing and uses Standards; non-mortgage le at www.usdoj.gov/ust/onber that would currently build the build be build buil | e expenses for the applic<br>or from the clerk of the bose allowed as exemption  | able c<br>ankru         | ounty and family size. (The ptcy court). The applicable                            | nis information is<br>e family size consists of              | \$ | 426.00        |
| 25B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rent expense \$ 1,004.00 b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ 1,506.05   |  |  |                         |  |  | •  | 0.00          |
|     |  | Net mortgage/rental expen  |  |                         | Subtract Line b fr   |  | \$ | 0.00          |
| 26  | 25B do<br>Standar  | Standards: housing and uses not accurately computerds, enter any additional antion in the space below:   | the allowance to which   | you a                   | re entitled under the IRS H  | Iousing and Utilities  | \$ | 0.00          |

|     | - <sub>T</sub>  |  |        |                  |  |
|-----|---|--|--------|------------------|--|
|     | Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.  |  |        |                  |  |
|     | Check the number of vehicles for which you pay the operating expens   | ses or for which the operating expenses are  |        |                  |  |
| 27A | included as a contribution to your household expenses in Line 7. $\square$ 0  |  |        |                  |  |
|     | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>  | \$   | 212.00 |                  |  |
| 27B | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at <a href="www.usdoj.gr">www.usdoj.gr</a> court.)  | you are entitled to an additional deduction for ransportation" amount from the IRS Local   | \$     | 0.00             |  |
|     | Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) ■ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the  | ship/lease expense for more than two   |        |                  |  |
| 28  | (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. <b>Do not enter an amount less than zero.</b>   | court); enter in Line b the total of the Average<br>ne 47; subtract Line b from Line a and enter   |        |                  |  |
|     | a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle  | \$ 517.00  |        |                  |  |
|     | b. 1, as stated in Line 47  | \$ 178.19  | _      |                  |  |
|     | c. Net ownership/lease expense for Vehicle 1  Local Standards: transportation ownership/lease expense; Vehicle  | Subtract Line b from Line a.   | \$     | 338.81           |  |
| 29  | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. <b>Do not enter an amount less than zero.</b>  | court); enter in Line b the total of the Average   |        |                  |  |
|     | a. IRS Transportation Standards, Ownership Costs  | \$ 0.00  |        |                  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  | \$ 0.00  |        |                  |  |
|     | c. Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a.   | \$     | 0.00             |  |
| 30  | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  |  |        |                  |  |
| 31  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.   |  |        |                  |  |
| 31  | deductions that are required for your employment, such as mandatory   | nt. Enter the total average monthly retirement contributions, union dues, and  | \$     | 3,382.08<br>0.00 |  |
| 32  | deductions that are required for your employment, such as mandatory   | nt. Enter the total average monthly retirement contributions, union dues, and ntary 401(k) contributions.  thly premiums that you actually pay for term  |        | ·                |  |
|     | deductions that are required for your employment, such as mandatory uniform costs. <b>Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance.</b> Enter total average mon life insurance for yourself. <b>Do not include premiums for insurance</b>  | retirement contributions, union dues, and ntary 401(k) contributions.  hthly premiums that you actually pay for term on your dependents, for whole life or for all monthly amount that you are required to   | \$     | 0.00             |  |
| 32  | deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu  Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as  | nt. Enter the total average monthly retirement contributions, union dues, and ntary 401(k) contributions.  thly premiums that you actually pay for term on your dependents, for whole life or for all monthly amount that you are required to spousal or child support payments. Do not spousal or mentally challenged child. Enter ion that is a condition of employment and for                                      | \$     | 0.00             |  |
| 32  | deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu  Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a ph the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dep | retirement contributions, union dues, and ntary 401(k) contributions.  Ithly premiums that you actually pay for term on your dependents, for whole life or for all monthly amount that you are required to spousal or child support payments. Do not sysically or mentally challenged child. Enter ion that is a condition of employment and for endent child for whom no public education that you actually expend on | \$ \$  | 0.00             |  |

| Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 24-37  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines ac below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$ 0.00 b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  5  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  42  Sumdards for Housing and Utilities that you actually expend for home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expenses in |    |  | 1  |          |
|---|----|--|----|----------|
| actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pages, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  38 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.  Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-e below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  5  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be lept confidential by the court.  42 The energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilifies that you actually yepend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necess    | 36 | health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. <b>Do not</b>  | \$ | 0.00     |
| Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines are below that are reasonably necessary for yourself, your spouse, or your dependents.   a.   Health Insurance   \$   0.00   | 37 | actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and  | \$ | 75.00    |
| Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    A   | 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.  | \$ | 5,076.89 |
| Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    A   |    | Subpart B: Additional Living Expense Deductions  | 1  |          |
| the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance   |    | • • •  |    |          |
| b. Disability Insurance   \$   0.00   |    | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your   |    |          |
| C.   Health Savings Account   S   0.00  | 39 | a. Health Insurance \$ 0.00  |    |          |
| Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  \$  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the c |    | b. Disability Insurance \$ 0.00  |    |          |
| If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Bene energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actuall expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Y  |    | c. Health Savings Account \$ 0.00  |    |          |
| Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.    |    | Total and enter on Line 39   | \$ | 0.00     |
| Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.    |    | below:   |    |          |
| expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or fin   |    |  |    |          |
| actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §   | 40 | expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such   | \$ | 0.00     |
| Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §  | 41 | actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other  |    | 0.00     |
| Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §   | 42 | Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount   | \$ | 0.00     |
| Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §  | 43 | actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and  |    | 0.00     |
| Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §  | 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is |    | 0.00     |
| 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.   \$  | 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable   |    | 20.00    |
|   | 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.  |    | 20.00    |

|  |  |  | <b>Subpart C: Deductions for De</b>   | bt 1                  | Payment   |   |    |          |
|--|--|--|---|-----------------------|---|---|----|----------|
| 47   | owi<br>che<br>sch<br>case  | n, list the name of creditor, ident<br>ck whether the payment includes<br>eduled as contractually due to ea  | ns. For each of your debts that is secured ify the property securing the debt, state to a taxes or insurance. The Average Month ach Secured Creditor in the 60 months for standitional entries on a separate page.  | he A<br>lly P<br>llow | Average Monthly ayment is the to-<br>ving the filing of                         | Payment, and tal of all amounts the bankruptcy                          |    |          |
|  | Name of Creditor  Property Securing the Debt  Average Monthly include taxes or insurance   |  |   |                       |   |   |    |          |
|  | a  | . Fairville Company, LP  | 1986 Ford L8000 Dump Truck<br>Location: 16479 Hampden<br>Place, Florissant MO 63034   | \$                    |   | □yes ■no  |    |          |
|  | b  | . Ford Motor Credit  | 1998 Ford Expedition 150,000<br>Miles Good Condition<br>Location: 16479 Hampden<br>Place, Florissant MO 63034   | \$                    | 56.27   | □yes ■no  |    |          |
|  | С  | . IRS  | Residence: Single Family Home<br>Location: 16479 Hampden<br>Place, Florissant MO 63034  | \$                    | 248.07  | □yes ■no  |    |          |
|  | d  | US Bank National Association   | Residence: Single Family Home<br>Location: 16479 Hampden<br>Place, Florissant MO 63034  | \$                    | 1,152.00  | □yes ■no  |    |          |
|  | e  | Villages/Barrington Downs HOA  | Residence: Single Family Home<br>Location: 16479 Hampden<br>Place, Florissant MO 63034  | \$                    | 105.98  | □yes ■no  |    |          |
|  |  |  |   | T                     | otal: Add Lines   |   | \$ | 1,740.51 |
| 48   | you<br>pay<br>sun  | or vehicle, or other property neor deduction 1/60th of any amout ments listed in Line 47, in order as in default that must be paid in following chart. If necessary, lis | s. If any of debts listed in Line 47 are se ressary for your support or the support of the (the "cure amount") that you must pay to maintain possession of the property. Torder to avoid repossession or foreclosu t additional entries on a separate page. | f you<br>the<br>The   | or dependents, you<br>creditor in addit<br>cure amount wo<br>List and total any | ou may include in<br>ion to the<br>uld include any<br>y such amounts in |    |          |
|  |  | Name of Creditor   | Property Securing the Debt  |                       |   | the Cure Amount   |    |          |
|  | a  | NONE-  |   |                       | \$  | Total: Add Lines  | \$ | 0.00     |
| 49   | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. |  |   |                       |   |   |    |          |
| Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. |  |  |   |                       |   |   |    |          |
| 50   | a.<br>b.   | issued by the Executive Off information is available at the bankruptcy court.)   | Chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of ative expense of chapter 13 case   | \$ x                  | otal: Multiply Li   | 3,500.00  4.10 nes a and b  | \$ | 143.50   |
| 51   | _  |  | •   |                       |   |   |    |          |
| 51   | 101  | at Deductions for Debt Paymer  | nt. Enter the total of Lines 47 through 5  Subpart D: Total Deductions f.   |                       | n Income  |   | \$ | 2,244.90 |
|  |  |  |   |                       |   |   | \$ | 7,341.79 |
|  |  |  | INATION OF DISPOSABLE I   |                       | COME UNDI   | ER § 1325(b)(2  |    | ,: ::::  |
| 53   | Tot  | al current monthly income. En  | nter the amount from Line 20.   |                       |   |   | \$ | 8,237.32 |

| 54 | <b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.  |                                 |                   |               |                   | 0.00     |
|----|---|---------------------------------|-------------------|---------------|-------------------|----------|
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).   |                                 |                   |               |                   | 0.00     |
| 56 | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.   |                                 |                   |               |                   | 7,341.79 |
| 57 | Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable. |                                 |                   |               |                   |          |
|    |   | Nature of special circumstances | Amount of Expense |               |                   |          |
|    | a.  |                                 | \$                |               |                   |          |
|    | b.  |                                 | \$                |               |                   |          |
|    | c.  |                                 | \$                |               |                   |          |
|    |   |                                 | Tota              | nl: Add Lines | \$                | 0.00     |
| 58 | <b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, 56, and 57 and enter the result.  |                                 |                   |               | \$                | 7,341.79 |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.   |                                 |                   |               |                   | 895.53   |
|    |   | Part VI. ADDITIONAL EXPENS      | E                 | CLAIMS        |                   |          |
| 60 | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income to 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description   |                                 |                   |               | under §<br>monthl |          |
|    | c.  |                                 |                   | \$            | 1                 |          |
|    | d.  |                                 |                   | \$            |                   |          |
|    |   | Total: Add Lines a, b, c and d  |                   | \$            | ]                 |          |

#### Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: August 15, 2014

Signature: /s/ Rufus L. Crawford

Rufus L. Crawford (Debtor)

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## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 01/01/2014 to 06/30/2014.

#### Line 3 - Income from operation of a business, profession, or farm

Source of Income: Crawford Hauling Services

Year-to-Date Income/Expenses/Net:

Total Year-to-Date Income: \$98,912.41 from Financial Statement dated 6/30/2014.

Total Year-to-Date Expenses: \$49,488.48 from Financial Statement dated 6/30/2014.

Average Monthly Net: \$8,237.32 .